VOLUNTEER FORM To: Donise Petersen

From: Name:			
	Address:		
		Zip:	
	Phone:		
	Email Address:		
Certified volunt	teer: HE Instructor	4-H Instructor	_ Other : Please list
Wesley Woods (Day and time)	participate as a volunteer in the I Camp near Indianola. I intend to a.m./p is:	arrive on:	on
	ices for those you can assist with),		cannot assist with and Rank – 1 st , 2 nd , 3 rd , ing that applies to you during the time yo
Hunting Hunting Hunting Hunting Hunting Hunting Hunting	g Shotgun	I wouldI wouldI will eaI am pla (Sat/Sun)I am goiI do notI need lo	like Lunch and Dinner on Friday like just Lunch on Friday like just Dinner on Friday t before I come on Friday anning on eating onsite with everyone sing out to eat, and do not need any meals aneed lodging during YHEC odging Friday and Saturday odging on Thursday
be found in the	Registration Packet. Please bring	g these forms with you w	A Liability/Medical Form. These forms ca hen you arrive at YHEC or include them http://www.iowadnr.gov/law/yhec/
Comments:			



PHOTO CONSENT

Thank you for participating in Youth Hunter Education Challenge (YHEC). We would like to use pictures for future displays, brochures and any other promotional information to get the word out about YHEC. If you have no objections to letting the Iowa Department of Natural Resource use your son or daughter's photo please sign below.

I give my permission for my son or daughter's photo to be used in promotional tools for Youth Hunter Education Challenge.

Participant's Name	 	
Parent/Guardian Signature		
-		
Date		

^{**} The Photo Consent form can be turned in at the registration table, but everyone needs to sign a photo consent form.**

Local/State/Provincial NRA YOUTH HUNTER EDUCATION CHALLENGE Code of Conduct Form

** (This form must be completed by coach/volunteer) **

Coach/Volunteer Information				
Name	First:	Middle:	Last:	Coach Volunteer
Address	Street:	City:	State:	Zip:
Phone	Day:	Evening:	Cell:	Email:
I, the Coa	 ach/Volunteer		, give p	ermission for emergency medical
treatmen	t of myself for illness or a	accident.		
Release a	nd Athletic Code:			
l,		. 1	the Volunteer/Coach.	, give permission for myself to
				allenge (YHEC) programs. It is
	•	·		outh Hunter Education Challenge
	·			proach at all times, and (3) fully
				e/Provincial-level program staff,
employee	es, agents and servants.	It is further understood tha	t any breach of this	code may and will be cause for
immediat	e and permanent expuls	ion from the NRA Youth Hunter	Education Challenge.	
Signature	of Volunteer/Coach		Date	
(Informat	ion supplied will be reta	nined as part of your YHEC par	ticipant record at the	NRA. In the interest of program
promotio	n/recognition, informat	ion contained herein may be	incorporated in arti	cles, news releases, etc. and/or
released t	to YHEC sponsors). Plea	se ②check one of the following:		
🛚 NRA ma	y use or release informa	tion provided in this document	for promotional purp	oses.
🛚 NRA ma	y not use or release info	rmation provided in this docum	nent for promotional p	ourposes.
In return	for consideration receive	ed, I hereby grant to the Nation	al Rifle Association of	America the right and permission
to copyr	ight and/or use, reus	se, publish and/or republish	photographic imag	ges or pictures of me for its
advertisin	ng/promotional purposes	j.		
I hereby r	elease, discharge and ag	ree to hold harmless NRA from	any liability resulting	from use of the above-mentioned
photogra	phy or use of my name.	I understand that I will have no	control over the mai	nner of use of materials produced
and herek	by waive any right to pre	-approve or inspect materials p	rior to distribution.	
Signature	of Volunteer/Coach		Da	ate

LOCAL/STATE/PROVINCIAL NRA YOUTH HUNTER EDUCATION CHALLENGE Liability/Medical Form

** (This form must be completed by coaches/volunteers). **

Address St	irst:	0.01-1-11					
		Middle:		Last:		Coach	Volunteer
Phone D	treet:	City:		State:		Zip:	
	ay:	Evening:	С	ell:	Email:		
		In Case of	f Emerge	ncy			
Contact: Fin	rst	Last:		M.I.:	Phone:		
Address: St	treet:	City:		State:	Zip:	Er	mail:
Health Ins.	Provider:	Policy No.					
Special Medical Co	nsiderations (i.e., Prescription, Al	llergies, Medications):				_
local/state/province agrees to waive ar state or province. but not limited to families) agree to i (including attorney omission of partic medical/athletic tr. biomechanical eva observed. In signin	veling to or from (by public, privational YHEC and NRA International Yny legal claim against the NRA, in Volunteer/Coach hereby expresso, any and all risks associated windemnify, defend and hold harmy's fees, court costs and settlemosipant whatsoever; (2) Volunteraining attentions, transportationalluations, further consent is given the program participation in injury during program participations in the program participation in the program i	Youth Hunter Educatits officers, employe sly assumes any and with discharge of fire nless from and again ent costs) arising our er/Coach hereby given and emergency ment to these evaluation oach/volunteer mem	es, agents, all risks asserms, huntingst any and att of or relatives consented ical services which possible is in go	ge or any auxi servants, local sociated with t ing and other all losses, expe ing to coach's, for the NRA, es as warrante se no unusual od physical co	liary facilities; (1) /state/provincial the activities com- outdoor activities enses, damages, i /volunteer's brea /Local/State/Prov ed. If the progra risks or hazards indition and is no	Volunteer/Coa- level sponsors templated here es. Volunteer/ injuries and liab ach of this Releavincial-level Spons in includes phy when customan	ach and/or family or host, and my cunder, including, Coach (and their bilities and claims ase or any act or consor to provide visiological and/or ry safeguards are disease or injury
or illegal DRUGS o	as a registered participant at the on the premises. I further und cial NRA YHEC and that violations	lerstand and agree	and abide b	by the genera	I rules of condu	ct prescribed f	

2014 Iowa Youth Hunter Education Challenge Program

Sponsored by the Iowa Department of Natural Resources, and Iowa State University Extension Wildlife Programs

Agenda

June 6 -	3:00 p.m.	Volunteers Arrive, Set-Up (meet at Warren County Ikes)
Friday	5:30 p.m.	Dinner (Staff and volunteers at Warren County Ikes)
	7:00 - 10:00 p.m.	Team Arrival and Registration (Dining Hall at Wesley Woods)
June 7 -	6:30 - 7:30 a.m.	Breakfast (Dining Hall)
Saturday	7:45 - 8:15 a.m.	Orientation (mandatory for coaches and participantsDining Hall)
	8:30 - 5:30 p.m.	Field Events (lunches brought to field event location)
	6:00 - 7:00 p.m.	Dinner (Dining Hall)
	7:00 - 9:30 p.m.	Wildlife PowerPoint and Evening Activities
	8:00 p.m.	Snack
	10:30 p.m.	Lights Out
June 8 -	7:00 - 8:00 a.m.	Breakfast (Dining Hall)
Sunday	8:00 - 8:45 a.m.	Clean Cabins and Move Out
	9:00 - 10:15 a.m.	Awards (Dining Hall)
	10:15 a.m.	Homeward

Schedule of Events:

A New schedule change began in 2009: all 8 events will be completed on Saturday. This includes all of the field events and the written exam. The field events consist of: Archery, Rifle, Orienteering, Shotgun, Muzzleloader, Wildlife ID, and Safety Trail. The field events will occur in a 1 hour and 15 minute rotation. Each group of teams will rotate from one event to the other. The written exam will take place during what use to be the break period in the past. Participants will have up to an hour to complete the exam.

Regulations

Contact: Donise Petersen

Iowa Department of Natural Resources

502 East 9th Street

Des Moines, Iowa 50319-0034

Phone: 515/205-8709 Email: Donise.Petersen@dnr.iowa.gov

Website: www.iowadnr.gov/law/yhec.html

Dates: June 6-8, 2014

Location: Wesley Woods Camp

10896 Nixon St. Indianola, IA 50125 (515) 961-4523

For more information visit the Rules and Regulations handout.